Fill in this information to identify the case:	
Debtor name Sameh H. Aknouk, Dental Services, P.C.	
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK	
Case number (if known) 22-11651	Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

I declar	I declare under penalty of perjury that the foregoing is true and correct.				
Execut	ed on	January 5, 2023	X	/s/ Sameh H. Aknouk	
			-	Signature of individual signing on behalf of debtor	
Dr. Sameh H. Aknouk, DDS				Dr. Sameh H. Aknouk, DDS	
				Printed name	
			_	President	
				Position or relationship to debtor	

Fill in this information to identify the case:	
Debtor name Sameh H. Aknouk, Dental Services, P.C.	
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK	
Case number (if known) 22-11651	☐ Check if this is an amended filing

Official Form 206Sum Summary of Assets and Liabilities for Non-Individuals

12/15

Par	Summary of Assets		
1.	Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)		
	1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$	0.00
	1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$	174,248.01
	1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$	174,248.01
Par	12: Summary of Liabilities		
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D	\$	150,000.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)		
	3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of Schedule E/F	\$	0.00
	3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$	526,737.63
4.	Total liabilities	\$	676,737.63

E:II :	a thia ir	oformation to identify the agent			
		nformation to identify the case:			
Debt	or name	Sameh H. Aknouk, Dental Services, P.C.			
Unite	d State	s Bankruptcy Court for the: SOUTHERN DISTRIC	T OF NEW YORK		
Case	numbe	er (if known) <u>22-11651</u>			Check if this is an amended filing
Off	icia	Form 206A/B			
		ule A/B: Assets - Real ar	nd Personal Pro	pertv	12/15
Includ which or un Be as the de	de all p have i expired compl ebtor's	property, real and personal, which the debtor ow roperty in which the debtor holds rights and pown to book value, such as fully depreciated assets of leases. Also list them on Schedule G: Executory ete and accurate as possible. If more space is no name and case number (if known). Also identify	ers exercisable for the debtor' or assets that were not capitaling or Contracts and Unexpired Lea eded, attach a separate sheet the form and line number to w	s own benefit. Also in zed. In Schedule A/B, ises (Official Form 20 to this form. At the to hich the additional in	clude assets and properties list any executory contracts 6G). p of any pages added, write
For I	Part 1 tl dule or or's int	neet is attached, include the amounts from the att nrough Part 11, list each asset under the appropr depreciation schedule, that gives the details for erest, do not deduct the value of secured claims. Cash and cash equivalents	iate category or attach separa each asset in a particular cate	te supporting schedu gory. List each asset	only once. In valuing the
1. Do	es the c	debtor have any cash or cash equivalents?			
		Go to Part 2. Il in the information below.			
		or cash equivalents owned or controlled by the d	ebtor		Current value of debtor's interest
2	Oh.	aling and an experience was the second burning	anana anananta (Idantifi all)		debtor 5 interest
3.		ecking, savings, money market, or financial broken ne of institution (bank or brokerage firm)	Type of account	Last 4 digits of acc number	count
	3.1.	Chase Bank	Checking	9262	\$4,498.01
	3.2.	Chase Bank	Savings	0152	\$0.00
4.	Oth	ner cash equivalents (Identify all)			
5.	Tot	al of Part 1.			\$4,498.01
	Add	l lines 2 through 4 (including amounts on any additio	nal sheets). Copy the total to line	e 80.	—
Part	2:	Deposits and Prepayments			
\boxtimes	No. C	debtor have any deposits or prepayments? Go to Part 3. I in the information below.			
Dort	2.	Associate respirable			
Part 10. D		Accounts receivable debtor have any accounts receivable?			
		Go to Part 4.			
		I in the information below.			

11. Accounts receivable

Debtor	Sameh H. Aknouk, D	ental Services, P.C.	Cas	e number (If known) 22-1165	51
	name				
	11a. 90 days old or less:	46,030.0 face amount	00 - doubtful or uncolled	8,030.00 = ctible accounts	\$38,000.00
12.	Total of Part 3.				\$38,000.00
	Current value on lines 11a	11b = line 12. Copy the	e total to line 82.		. ,
Part 4:	Investments				
_	s the debtor own any invest	iments?			
	o. Go to Part 5. es Fill in the information belov	<i>N</i> .			
Part 5:	Inventory, excluding a sthe debtor own any inventory		uro assots\2		
	-	lory (excluding agricultu	ire assets) !		
	o. Go to Part 6. es Fill in the information belov	N.			
Don't Co			41410	al)	
Part 6: 27. Doe s		•	titled motor vehicles and land land land land land land land	ng) ed motor vehicles and land)?	
	o. Go to Part 7.				
☐ Ye	es Fill in the information below	N.			
Part 7:	Office furniture, fixture	es, and equipment; and c	collectibles		
			res, equipment, or collectible	s?	
_	o. Go to Part 8. es Fill in the information belov	Α.			
		v.	Net be a bounder of	Valuation mathed and	Occurrent control of
	General description		Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture				
40.	Office fixtures				
41.	Office equipment, includir communication systems e See Attached Continuation	equipment and software	ent and		\$131,750.00
42.		objects; china and crystal	ings, prints, or other artwork; ; stamp, coin, or baseball card lles		
43.	Total of Part 7. Add lines 39 through 42.	Copy the total to line 86.			\$131,750.00
44.	Is a depreciation schedule ☑ No ☐ Yes	available for any of the	property listed in Part 7?		
45.	Has any of the property lis ☑ No ☐ Yes	sted in Part 7 been appra	aised by a professional withi	n the last year?	
Part 8:	Machinery, equipment	, and vehicles			

Deptor	Samen H. Aknouk, Dental Services, P.C.	Case number (If known) 22-11651
	Name	
46. Does tl	he debtor own or lease any machinery, equipment, or vehicles?	
_	Go to Part 9. Fill in the information below.	
1C3	This is the information below.	
Part 9:	Real property	
54. Does tl	he debtor own or lease any real property?	
	Go to Part 10. Fill in the information below.	
Part 10:	Intangibles and intellectual property	
59. Does tl	he debtor have any interests in intangibles or intellectual propert	y?
	Go to Part 11. Fill in the information below.	
Part 11:	All other assets	
	he debtor own any other assets that have not yet been reported of all interests in executory contracts and unexpired leases not previous	
	Go to Part 12.	
LIYES	Fill in the information below	

Part 12: Summary

In Pa	rt 12 copy all of the totals from the earlier parts of the form Type of property	Current value of personal property	Current value of real property
80.	Cash, cash equivalents, and financial assets. Copy line 5, Part 1	\$4,498.01	
81.	Deposits and prepayments. Copy line 9, Part 2.	\$0.00	
82.	Accounts receivable. Copy line 12, Part 3.	\$38,000.00	
83.	Investments. Copy line 17, Part 4.	\$0.00	
84.	Inventory. Copy line 23, Part 5.	\$0.00	
85.	Farming and fishing-related assets. Copy line 33, Part 6.	\$0.00	
86.	Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$131,750.00	
87.	Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$0.00	
88.	Real property. Copy line 56, Part 9	>	\$0.00
89.	Intangibles and intellectual property. Copy line 66, Part 10.	\$0.00	
90.	All other assets. Copy line 78, Part 11.	+\$0.00	
91.	Total. Add lines 80 through 90 for each column	\$174,248.01	+ 91b. \$0.00
92.	Total of all property on Schedule A/B. Add lines 91a+91b=9.	2	\$174,248.01

SCHEDULE A/B – CONTINUATION SHEET

Part 8: Machinery, Equipment, and Vehicles

50. Other Machinery, Fixtures and Equipment

Dental X-Ray Chair (\$1,500) 1 Compressors (\$3,000 each) 2 Suction Units (\$4,000 each) 2 X-Ray Units (\$4,500 each) 2 Air Purifying Machines (\$1,500 each) 3 Air Suction Machines (\$800 each) 2 Autoclave (\$3,500) 1 Ultrasonic Machine (\$400) 3 Zoom Whitening Machines (\$1,500) 1 Denmat Ultraviolet Light Machine (for bleaching) (\$2,000) 1 Rotary Machines (for root canals) (\$1,800 each) 3 Curing Lights (\$300 each) 4 Amalgamator (\$450) 1 Dentimax X-Ray Censor (\$4,000 each) 2 Highspeed hand piece (\$500 total) 10-15 Dental Unit (\$1,500 each) 5 Dental Supplies (worth \$10,000) Cavitron Units (\$300 each) 3 Office Supplies/Furniture Computers (\$3,000 each) 5 Televisions (\$300 each) 5 Televisions (\$300 each) 5 Phone Systems (\$2,500 total) 6 Dentrix Computer Software (\$4,000) 1 Dexus X-Ray Computer Software (\$4,000) 1 Dexus X-Ray Computer Software (\$4,000) 1 Copy Machines (\$400 each) 5 Scanner (\$400) 1	Dental Equipment/Supplies	
Compressors (\$3,000 each) 2 Suction Units (\$4,000 each) 2 X-Ray Units (\$4,500 each) 2 Air Purifying Machines (\$1,500 each) 3 Air Suction Machines (\$800 each) 2 Autoclave (\$3,500) 1 Ultrasonic Machine (\$400) 3 Zoom Whitening Machines (\$1,500) 1 Denmat Ultraviolet Light Machine (for bleaching) (\$2,000) (\$2,000) 1 Rotary Machines (for root canals) (\$1,800 each) 3 Curing Lights (\$300 each) 4 Amalgamator (\$450) 1 Dentimax X-Ray Censor (\$4,000 each) 2 Highspeed hand piece (\$500 total) 10-15 Dental Unit (\$1,500 each) 5 Dental Supplies (worth \$10,000) 3 Cavitron Units (\$300 each) 6 Reception Chairs (\$1,500 total) 15 Computer Desk Chairs (\$300 each) 5 Televisions (\$300 each) 5 Phone Systems (\$2,500 total) 6 Dentrix Computer Software (\$4,000) 1 Dexus X-Ray Computer Software (\$3,000) 1 </td <td>Dental Chairs (\$3,000 each)</td> <td>5</td>	Dental Chairs (\$3,000 each)	5
Suction Units (\$4,000 each) 2 X-Ray Units (\$4,500 each) 2 Air Purifying Machines (\$1,500 each) 3 Air Suction Machines (\$800 each) 2 Autoclave (\$3,500) 1 Ultrasonic Machine (\$400) 3 Zoom Whitening Machines (\$1,500) 1 Denmat Ultraviolet Light Machine (for bleaching) (\$2,000) (\$2,000) 1 Rotary Machines (for root canals) (\$1,800 each) 3 Curing Lights (\$300 each) 4 Amalgamator (\$450) 1 Dentimax X-Ray Censor (\$4,000 each) 2 Highspeed hand piece (\$500 total) 10-15 Dental Unit (\$1,500 each) 5 Dental Supplies (worth \$10,000) 5 Cavitron Units (\$300 each) 6 Reception Chairs (\$1,500 total) 15 Computer Desk Chairs (\$3,000 each) 5 Televisions (\$300 each) 5 Phone Systems (\$2,500 total) 6 Dentrix Computer Software (\$4,000) 1 Dexus X-Ray Computer Software (\$3,000) 1 Copy Machines (\$400 each) 5 Scanner (\$400) 1 </td <td>Dental X-Ray Chair (\$1,500)</td> <td>1</td>	Dental X-Ray Chair (\$1,500)	1
X-Ray Units (\$4,500 each) 2 Air Purifying Machines (\$1,500 each) 3 Air Suction Machines (\$800 each) 2 Autoclave (\$3,500) 1 Ultrasonic Machine (\$400) 3 Zoom Whitening Machines (\$1,500) 1 Denmat Ultraviolet Light Machine (for bleaching) (\$2,000) Rotary Machines (for root canals) (\$1,800 each) 3 Curing Lights (\$300 each) 4 Amalgamator (\$450) 1 Dentimax X-Ray Censor (\$4,000 each) 2 Highspeed hand piece (\$500 total) 10-15 Dental Unit (\$1,500 each) 5 Dental Supplies (worth \$10,000) 3 Cavitron Units (\$300 each) 6 Reception Chairs (\$1,500 total) 15 Computer Desk Chairs (\$300 each) 5 Televisions (\$300 each) 5 Phone Systems (\$2,500 total) 6 Dentrix Computer Software (\$4,000) 1 Dexus X-Ray Computer Software (\$3,000) 1 Copy Machines (\$400 each) 5 Scanner (\$400) 1	Compressors (\$3,000 each)	2
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(\$2,000) 1 Rotary Machines (for root canals) (\$1,800 each) 3 Curing Lights (\$300 each) 4 Amalgamator (\$450) 1 Dentimax X-Ray Censor (\$4,000 each) 2 Highspeed hand piece (\$500 total) 10-15 Dental Unit (\$1,500 each) 5 Dental Supplies (worth \$10,000) 3 Cavitron Units (\$300 each) 6 Reception Chairs (\$1,500 total) 15 Computer Desk Chairs (\$300 each) 5 Televisions (\$300 each) 5 Phone Systems (\$2,500 total) 6 Dentrix Computer Software (\$4,000) 1 Dexus X-Ray Computer Software (\$3,000) 1 Copy Machines (\$400 each) 5 Scanner (\$400) 1	Zoom Whitening Machines (\$1,500)	1
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Dentimax X-Ray Censor (\$4,000 each) 2 Highspeed hand piece (\$500 total) 10-15 Dental Unit (\$1,500 each) 5 Dental Supplies (worth \$10,000) 3 Cavitron Units (\$300 each) 3 Office Supplies/Furniture Computers (\$3,000 each) 6 Reception Chairs (\$1,500 total) 15 Computer Desk Chairs (\$300 each) 5 Televisions (\$300 each) 5 Phone Systems (\$2,500 total) 6 Dentrix Computer Software (\$4,000) 1 Dexus X-Ray Computer Software (\$3,000) 1 Copy Machines (\$400 each) 5 Scanner (\$400) 1	Curing Lights (\$300 each)	4
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Dental Unit (\$1,500 each) 5 Dental Supplies (worth \$10,000) 3 Cavitron Units (\$300 each) 3 Office Supplies/Furniture Computers (\$3,000 each) 6 Reception Chairs (\$1,500 total) 15 Computer Desk Chairs (\$300 each) 5 Televisions (\$300 each) 5 Phone Systems (\$2,500 total) 6 Dentrix Computer Software (\$4,000) 1 Dexus X-Ray Computer Software (\$3,000) 1 Copy Machines (\$400 each) 5 Scanner (\$400) 1	Dentimax X-Ray Censor (\$4,000 each)	2
Dental Supplies (worth \$10,000) 3 Cavitron Units (\$300 each) 3 Office Supplies/Furniture 6 Computers (\$3,000 each) 6 Reception Chairs (\$1,500 total) 15 Computer Desk Chairs (\$300 each) 5 Televisions (\$300 each) 5 Phone Systems (\$2,500 total) 6 Dentrix Computer Software (\$4,000) 1 Dexus X-Ray Computer Software (\$3,000) 1 Copy Machines (\$400 each) 5 Scanner (\$400) 1	Highspeed hand piece (\$500 total)	10-15
Cavitron Units (\$300 each) 3 Office Supplies/Furniture Computers (\$3,000 each) 6 Reception Chairs (\$1,500 total) 15 Computer Desk Chairs (\$300 each) 5 Televisions (\$300 each) 5 Phone Systems (\$2,500 total) 6 Dentrix Computer Software (\$4,000) 1 Dexus X-Ray Computer Software (\$3,000) 1 Copy Machines (\$400 each) 5 Scanner (\$400) 1	Dental Unit (\$1,500 each)	5
Office Supplies/Furniture Computers (\$3,000 each) 6 Reception Chairs (\$1,500 total) 15 Computer Desk Chairs (\$300 each) 5 Televisions (\$300 each) 5 Phone Systems (\$2,500 total) 6 Dentrix Computer Software (\$4,000) 1 Dexus X-Ray Computer Software (\$3,000) 1 Copy Machines (\$400 each) 5 Scanner (\$400) 1	Dental Supplies (worth \$10,000)	
Computers (\$3,000 each) 6 Reception Chairs (\$1,500 total) 15 Computer Desk Chairs (\$300 each) 5 Televisions (\$300 each) 5 Phone Systems (\$2,500 total) 6 Dentrix Computer Software (\$4,000) 1 Dexus X-Ray Computer Software (\$3,000) 1 Copy Machines (\$400 each) 5 Scanner (\$400) 1	Cavitron Units (\$300 each)	3
Computers (\$3,000 each) 6 Reception Chairs (\$1,500 total) 15 Computer Desk Chairs (\$300 each) 5 Televisions (\$300 each) 5 Phone Systems (\$2,500 total) 6 Dentrix Computer Software (\$4,000) 1 Dexus X-Ray Computer Software (\$3,000) 1 Copy Machines (\$400 each) 5 Scanner (\$400) 1		
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Computer Desk Chairs (\$300 each) 5 Televisions (\$300 each) 5 Phone Systems (\$2,500 total) 6 Dentrix Computer Software (\$4,000) 1 Dexus X-Ray Computer Software (\$3,000) 1 Copy Machines (\$400 each) 5 Scanner (\$400) 1	Computers (\$3,000 each)	6
Televisions (\$300 each) 5 Phone Systems (\$2,500 total) 6 Dentrix Computer Software (\$4,000) 1 Dexus X-Ray Computer Software (\$3,000) 1 Copy Machines (\$400 each) 5 Scanner (\$400) 1	Reception Chairs (\$1,500 total)	15
Phone Systems (\$2,500 total) 6 Dentrix Computer Software (\$4,000) 1 Dexus X-Ray Computer Software (\$3,000) 1 Copy Machines (\$400 each) 5 Scanner (\$400) 1	Computer Desk Chairs (\$300 each)	5
Dentrix Computer Software (\$4,000) 1 Dexus X-Ray Computer Software (\$3,000) 1 Copy Machines (\$400 each) 5 Scanner (\$400) 1	Televisions (\$300 each)	5
Dexus X-Ray Computer Software (\$3,000) 1 Copy Machines (\$400 each) 5 Scanner (\$400) 1	Phone Systems (\$2,500 total)	6
Copy Machines (\$400 each) 5 Scanner (\$400) 1	Dentrix Computer Software (\$4,000)	1
Scanner (\$400) 1	Dexus X-Ray Computer Software (\$3,000)	1
	Copy Machines (\$400 each)	5
	Scanner (\$400)	1
Safe (\$300) 1	Safe (\$300)	1
Refrigerator (\$300)	Refrigerator (\$300)	1
Office Cabinets/Desks (worth \$500)	Office Cabinets/Desks (worth \$500)	
Dental/Assistant Chairs (\$500 total) 6	Dental/Assistant Chairs (\$500 total)	6
Clinic room cabinets (worth \$8,000)	Clinic room cabinets (worth \$8,000)	

Fill	in this information to identify the o	case:			
Deb	tor name Sameh H. Aknouk, D	ental Services, P.C.			
Unit	ed States Bankruptcy Court for the:	SOUTHERN DISTRICT OF NEW YORK			
Cas	e number (if known) 22-11651				
					Check if this is an amended filing
Offi	ioial Form 206D				-
	icial Form 206D	Who Have Claims Secured by	Droperty		12/15
		Wild Have Claims Secured by	Property		12/15
	complete and accurate as possible. any creditors have claims secured by	dehtor's property?			
		age 1 of this form to the court with debtor's other schedu	ules. Debtor has no	othing else to	report on this form.
I	$oxed{oxed}$ Yes. Fill in all of the information b	elow.			
Part	1: List Creditors Who Have Se	cured Claims	. Column A		Column B
	st in alphabetical order all creditors what is the creditor separately for each clain	no have secured claims. If a creditor has more than one secur n	ed Amount of	claim	Value of collateral
	,		Do not dedu of collateral.		that supports this claim
2.1	U.S. Small Business				4
	Administration Creditor's Name	Describe debtor's property that is subject to a lien See Attached Continuation Sheet; Chase Bank		50,000.00	<u>\$174,248.01</u>
		Insurance Claims A/R	ν,		
	409 3rd Street, SW Washington, DC 20416				
	Creditor's mailing address	Describe the lien			
	-	UCC-1 Financing Statement			
		Is the creditor an insider or related party? ☐ No			
	Creditor's email address, if known	⊠ Yes			
	Date debt was incurred	Is anyone else liable on this claim? ☑ No			
	Date dept was incurred	☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H))		
	Last 4 digits of account number				
	Do multiple creditors have an	As of the petition filing date, the claim is:			
	interest in the same property? ☑ No	Check all that apply ☐ Contingent			
	Yes. Specify each creditor, including this creditor and its relative priority.	☐ Unliquidated ☐ Disputed			
3.	Total of the dollar amounts from Part 1	, Column A, including the amounts from the Additional Pag	je, if any. \$15	50,000.00	
Part	2: List Others to Be Notified for	a Debt Already Listed in Part 1			
	in alphabetical order any others who m gnees of claims listed above, and attor	nust be notified for a debt already listed in Part 1. Examples neys for secured creditors.	of entities that may	/ be listed are	collection agencies,
If no	others need to notified for the debts li Name and address		al pages are neede On which line in Pa enter the related cre	rt 1 did you	age. Last 4 digits of account number for
					this entity

Official Form 206D

Filli	n this information to identify the case:		
Debt	tor name Sameh H. Aknouk, Dental Services, P.0	C	
Unite	ed States Bankruptcy Court for the: SOUTHERN DIST	RICT OF NEW YORK	
Case	e number (if known) 22-11651		
			Check if this is an amended filing
○ tt	:-:-! F 000F/F		
	icial Form 206E/F		
Sc	hedule E/F: Creditors Who Hav	ve Unsecured Claims	12/15
List th Perso	ne other party to any executory contracts or unexpired lease anal Property (Official Form 206A/B) and on Schedule G: Exe	with PRIORITY unsecured claims and Part 2 for creditors with NO s that could result in a claim. Also list executory contracts on Scicutory Contracts and Unexpired Leases (Official Form 206G). Nurt 2, fill out and attach the Additional Page of that Part included in	hedule A/B: Assets - Real and mber the entries in Parts 1 and
Part	1: List All Creditors with PRIORITY Unsecured Cl	aims	_
1	. Do any creditors have priority unsecured claims? (See 11	U.S.C. § 507).	
	☑ No. Go to Part 2.		
	☐ Yes. Go to line 2.		
Part			
;	List in alphabetical order all of the creditors with nonpric out and attach the Additional Page of Part 2.	prity unsecured claims. If the debtor has more than 6 creditors with n	onpriority unsecured claims, fill
	out and allasm the manner of age on hair 2.		Amount of claim
3.1	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$8,160.00
0.1	21st Century Esthetics	As of the petition filling date, the claim is. Oneth all that apply.	ψο, 100.00
	162 Jericho Turnpike, 2nd Flr	☐ Contingent ☐ Unliquidated	
	Floral Park, NY 11001	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: Dental Supply	
	Last 4 digits of account number _	Is the claim subject to offset? ⊠ No ☐ Yes	
3.2	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$148,900.36
	841-853 Fee Owner LLC	☑ Contingent	
	853 Broadway, Suite 911	☐ Unliquidated	
	New York, NY 10003	☑ Disputed	
	Date(s) debt was incurred _	Basis for the claim: <u>Judgment</u>	
	Last 4 digits of account number _	Is the claim subject to offset? ⊠ No ☐ Yes	
3.3	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$87.10
	Alto Exterminating Service 21228 Westchester Avenue	☐ Contingent	
	Bronx, NY 10462	☐ Unliquidated ☐ Disputed	
	Date(s) debt was incurred _	·	
	Last 4 digits of account number _	Basis for the claim: <u>Services Rendered</u> Is the claim subject to offset? ⊠ No □ Yes	
		is the signiff subject to offset: \(\sqrt{100} \) He	
3.4	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$23,754.07
	American Express Bank, FSB	☐ Contingent	
	4315 South 2700 West Salt Lake City, UT 84184	☐ Unliquidated	
	·	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: <u>Credit card purchases</u>	
	Last 4 digits of account number _	Is the claim subject to offset? ☑ No ☐ Yes	
3.5	Nonpriority creditor's name and mailing address Bianca Ibrahim Advisors	As of the petition filing date, the claim is: Check all that apply.	\$1,000.00
	35 Newcastle Avenue	☐ Contingent	
	Plainview, NY 11803	☐ Unliquidated ☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: <u>Professional Services</u>	
	Last 4 digits of account number _	Is the claim subject to offset?	

Debtor	, ,	Case number (if known) 22-11651	
	Name		
3.6	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,376.81
	Con Edison		
	JAF Station	☐ Contingent	
	PO Box 1702	☐ Unliquidated	
	New York, NY 10116	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: <u>Utilities</u>	
	Last 4 digits of account number 0021	Is the claim subject to offset? ☑ No ☐ Yes	
3.7	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$2,593.00
	Elite Dental Laboratory	☐ Contingent	
	200 Craig Rd., Ste 107 Englishtown, NJ 07726	☐ Unliquidated	
	•	Disputed	
	Date(s) debt was incurred _	Basis for the claim: Dental Supply	
	Last 4 digits of account number _	Is the claim subject to offset? ☑ No ☐ Yes	
3.8	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$18,880.29
	Empire Dental Supply	☐ Contingent	
	320 Roebling Street #330 Brooklyn, NY 11211	☐ Unliquidated ☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: Dental Supply	
	Last 4 digits of account number	Is the claim subject to offset? ⊠ No ☐ Yes	
		· – –	
3.9	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$2,852.00
	Finess Digital		
	Finesse Porcelain Studio	☐ Contingent	
	199 Jericho Turnpike, Ste. LL2	☐ Unliquidated	
	Floral Park, NY 11001	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: Dental Supply	
	Last 4 digits of account number _	ls the claim subject to offset? ☐ No ☐ Yes	
3.10	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$3,820.00
	Henery Schein Corp. Office	☐ Contingent	
	135 Duryea Rood	Unliquidated	
	Melville, NY 11747	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: <u>dental supply</u>	
	Last 4 digits of account number _	ls the claim subject to offset? ☑ No ☐ Yes	
3.11	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$75,100.00
	Local 854 Health & Welfare Benefits Fund		
	50 Charles Lindbergh Blvd.	Continued.	
	Suite 207	☐ Contingent ☑ Unliquidated	
	Uniondale, NY 11553	□ Disputed □	
	Date(s) debt was incurred _	Basis for the claim: Alleged Delinquent Contributions	
	Last 4 digits of account number _	Is the claim subject to offset? ☐ No ☐ Yes	
3.12	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$8,065.00
	Local 854 Pension Fund		
	50 Charles Lindbergh Blvd.	☐ Contingent	
	Suite 207	☑ Unliquidated	
	Uniondale, NY 11553	☑ Disputed	
	Date(s) debt was incurred _	Basis for the claim: Alleged Delinquent Contributions	
	Last 4 digits of account number _	Is the claim subject to offset? ☐ No ☐ Yes	

Debtor	Sameh H. Aknouk, Dental Services, P.C.		Case nun	nber (if known)	22-11651		
3.13	Nonpriority creditor's name and mailing address National Labor Relations Board 26 Federal Plaza	As of the petition fill	ing date, the	claim is: Chec	ck all that apply.	\$2	232,149.00
	Room 36-130 Attn: John D. Doyle, Jr. New York, NY 10278	☐ Contingent ☐ Unliquidated ☑ Disputed					
	Date(s) debt was incurred _	Basis for the claim:	Labor Cla	<u>ıim</u>			
	Last 4 digits of account number 3564	Is the claim subject to	offset?	No Yes			
3.14	Nonpriority creditor's name and mailing address Philips Dental Supply 414 Union Street Nashville, TN 37219	As of the petition fill Contingent Unliquidated Disputed	ing date, the	claim is: Chec	sk all that apply.		Unknown
	Date(s) debt was incurred _	Basis for the claim:	Dental Su	pply			
	Last 4 digits of account number _	Is the claim subject to					
assigr	n alphabetical order any others who must be notified for claim nees of claims listed above, and attorneys for unsecured creditors. Others need to be notified for the debts listed in Parts 1 and 2. Name and mailing address Friedman & Anspach 1500 Broadway, Suite 2300 Attn: Anusha Rasalingam, Esq. Attn: Daniel Treiman, Esq. New York, NY 10036		On which I related cre	. If additional line in Part1 o ditor (if any) I	pages are needed, or Part 2 is the isted?	copy the nex	ct page.
4.2	Horing Welikson Rosen & Digrugilliers PC Attn: Renee Digrugilliers, Esq. 11 Hillside Avenue Williston Park, NY 11596		Line 3.2 ☐ Not list	sted. Explain _	_	-	
Part 4:	Total Amounts of the Priority and Nonpriority Uns	ecured Claims					
		ecureu olumis					
5. Add	the amounts of priority and nonpriority unsecured claims.			Total of	claim amounts		
5a. Tota	al claims from Part 1		5a.	\$	0.	.00	
5b. Tota	al claims from Part 2		5b. +	\$	526,737	.63	
	al of Parts 1 and 2 Lines 5a + 5b = 5c.		5c.	\$	526,73	37.63	

Debtor name Sameh H. Aknouk, Dental Services, P.C. United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK Case number (if known) 22-11651					
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK Case number (if known) 22-11651 Check if this is an amended filling	Fill in t	his information to identify the case:			
Case number (if known) 22-11651 Check if this is an amended filing Offficial Form 206G Schedule G: Executory Contracts and Unexpired Leases 12/15 Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively. 1. Does the debtor have any executory contracts or unexpired leases? There is nothing else to report on this form. Vers. Fili in all of the information below even if the contacts of leases are listed on Schedule A/B: Assets - Real and Personal Proper (Official Form 206A/B). 2. List all contracts and unexpired leases State the name and mailing address for all other parties with whom the debtor's interest Hard West Avenue, Bronx, New York State the term remaining List the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract List the contract number of any government contract Computer Software 2.2. State what the contract or lease is for and the nature of the debtor's interest State the term remaining Computer Software 2.3. State what the contract or lease is for and the nature of the debtor's interest Affiliate Business Premises Lease: 853 Broadway, Suite 911 New York, New York State the term remaining Premises Lease: 853 Broadway, Suite 911 New York, New York State the term remaining New York, New York New Yor	Debtor	name Sameh H. Aknouk, Dental	Services, P.C.		
Check if this is an amended filing	United	States Bankruptcy Court for the: SOL	JTHERN DISTRICT OF NE	EW YORK	
Check if this is an amended filing	Case n	umber (if known) 22-11651			
Schedule G: Executory Contracts and Unexpired Leases					
Schedule G: Executory Contracts and Unexpired Leases	Offic	ial Form 206G			
Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively. Does the debtor have any executory contracts or unexpired leases? No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form. Proper (Official Form 206A/B).		-	ontracts and l	Jnexpired Leases	12/15
No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form. Yes. Fili in all of the information below even if the contracts of leases are listed on Schedule A/B: Assets - Real and Personal Proper (Official Form 206A/B). 2. List all contracts and unexpired leases State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease					mber the entries consecutively.
2.1. State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract or lease is for and the nature of the debtor's interest State what the contract number of any government contract 2.2. State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract State the term remaining List the contract number of any government contract State the term remaining List the contract number of any government contract State what the contract or lease is for and the nature of the debtor's interest State what the contract or lease is for and the nature of the debtor's interest State what the contract or lease is for and the nature of the debtor's interest State what the contract or lease is for and the nature of the debtor's interest State what the contract or lease is for and the nature of the debtor's interest State what the contract or lease is for and the nature of the debtor's interest State what the contract or lease is for and the nature of the debtor's interest Affiliate Business Premises Lease: 853 Broadway, Suite 911, New York, New York State the term remaining Whom the debtor has an executory contract or premises lease for premises for premis		No. Check this box and file this form w Yes. Fill in all of the information below	ith the debtor's other sched	lules. There is nothing else to report on t	
lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract 2.2. State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract State the term remaining List the contract number of any government contract Affiliate Business Premises located at: 1473 West Avenue, Bronx, New York Parkchester Preservation Company, L.P. c/o Olshan Properties 600 Madison Avenue, 14th Floor New York, NY 10022 Computer Software Dentrix 727 E Utah Valley Drive, Suite 500 American Fork, UT 84003 Affiliate Business Premises Lease: 853 Broadway, Suite 911, New York, New York State the term remaining Ratilates Business Premises Lease: 853 Broadway, Suite 911, New York, New York 841-853 Fee Owner LLC c/o Horing Welikson Rosen & Digrugilliers PC	2. List	all contracts and unexpired leas	ses	whom the debtor has an executo	
State the term remaining List the contract number of any government contract 2.2. State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract Affiliate Business Premises Lease: 853 Broadway, Suite 911, New York, New York State the term remaining State the term remaining Affiliate Business Premises Lease: 853 Broadway, Suite 911, New York State the term remaining Barkchester Preservation Company, L.P. c/o Olshan Properties 600 Madison Avenue, 14th Floor New York, NY 10022 Dentrix 727 E Utah Valley Drive, Suite 500 American Fork, UT 84003	2.1.	lease is for and the nature of	premises located at: 1473 West Avenue,		
List the contract number of any government contract 2.2. State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract 2.3. State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract 2.4. State what the contract or lease is for and the nature of the debtor's interest State the term remaining State the term remaining Affiliate Business Premises Lease: 853 Broadway, Suite 911, New York, New York State the term remaining 841-853 Fee Owner LLC C/O Horing Welikson Rosen & Digrugilliers PC		State the term remaining	2.0.00,		npany, L.P.
lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract 2.3. State what the contract or lease is for and the nature of the debtor's interest State the term remaining Affiliate Business Premises Lease: 853 Broadway, Suite 911, New York State the term remaining 841-853 Fee Owner LLC c/o Horing Welikson Rosen & Digrugilliers PC		_		600 Madison Avenue, 14th Flo	oor
List the contract number of any government contract 2.3. State what the contract or lease is for and the nature of the debtor's interest State the term remaining Dentrix 727 E Utah Valley Drive, Suite 500 American Fork, UT 84003 Affiliate Business Premises Lease: 853 Broadway, Suite 911, New York, New York 841-853 Fee Owner LLC c/o Horing Welikson Rosen & Digrugilliers PC	2.2.	lease is for and the nature of	Computer Software		
List the contract number of any government contract 2.3. State what the contract or lease is for and the nature of the debtor's interest State the term remaining Dentrix 727 E Utah Valley Drive, Suite 500 American Fork, UT 84003 Affiliate Business Premises Lease: 853 Broadway, Suite 911, New York, New York 841-853 Fee Owner LLC c/o Horing Welikson Rosen & Digrugilliers PC		State the term remaining			
lease is for and the nature of the debtor's interest Broadway, Suite 911, New York, New York State the term remaining 841-853 Fee Owner LLC c/o Horing Welikson Rosen & Digrugilliers PC		List the contract number of any		727 E Utah Valley Drive, Suite	500
c/o Horing Welikson Rosen & Digrugilliers PC	2.3.	lease is for and the nature of	Premises Lease: 853 Broadway, Suite 911,		
government contract Williston Park, NY 11596		List the contract number of any		c/o Horing Welikson Rosen & I 11 Hillside Avenue	Digrugilliers PC

Fill in thi	is information to identify t	he case:					
Debtor na	ame Sameh H. Aknoul	k, Dental Services, P.C.					
United St	tates Bankruptcy Court for t	he: SOUTHERN DISTRICT OF NEW YORK					
Case nur	mber (if known) <u>22-11651</u>				Check if this is an amended filing		
	al Form 206H dule H: Your C	odebtors			12/15		
	Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.						
1. Do	you have any codebtors	?					
☐ No. C ☑ Yes	heck this box and submit th	is form to the court with the debtor's other schedules. No	thing else needs to be	e reported o	n this form.		
cred	itors, Schedules D-G. Inclining hich the creditor is listed. If	all of the people or entities who are also liable for ar ude all guarantors and co-obligors. In Column 2, identify the codebtor is liable on a debt to more than one creditor	the creditor to whom to r, list each creditor se	the debt is c parately in C	wed and each schedule		
	Column 1: Codebtor		Column 2: Creditor				
	Name	Mailing Address	Name		Check all schedules that apply:		
2.1	Dr. Sameh H. Aknouk	1473 West Avenue Bronx, NY 10462	American Expres Bank, FSB	SS	□ D ⊠ E/F 3.4 □ G		
2.2	Dr. Sameh H. Aknouk	1473 West Avenue Bronx, NY 10462	Parkchester Preservation Company, L.P.		□ D □ E/F ⊠ G2.1		

Fill in this information to identify the case:		
Debtor name Sameh H. Aknouk, Dental Services, P.C.		
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW Y	/ORK	
Case number (if known) 22-11651		☐ Check if this is an
		amended filing
Official Form 207		
Statement of Financial Affairs for Non-Individ	duals Filing for Bankruptc	V 04/22
The debtor must answer every question. If more space is needed, attach write the debtor's name and case number (if known).		<u> </u>
Part 1: Income		
Gross revenue from business		
☐ None.		
Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year	Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	☑ Operating a business	\$753,081.03
From 01/01/2022 to Filing Date	☐ Other	
For prior year: From 01/01/2021 to 12/31/2021	☑ Operating a business	\$788,426.00
From 01/01/2021 to 12/31/2021	Other	
For year before that: From 01/01/2020 to 12/31/2020	☑ Operating a business	\$790,034.00
F10111 0 1/0 1/2020 to 12/3 1/2020	Other	
For the fiscal year: From 01/01/2019 to 12/31/2019	☑ Operating a business	\$1,044,205.00
From 01/01/2019 to 12/31/2019	Other	
 Non-business revenue Include revenue regardless of whether that revenue is taxable. Non-busine and royalties. List each source and the gross revenue for each separately. 		money collected from lawsuits,
⊠ None.		
	Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Cred	litor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.1.	Finess Lab 199 Jericho Turnpike, Suite LL2 Floral Park, NY 11001	11/03/2022	\$7,993.00	☐ Secured debt ☐ Unsecured loan repayments ☑ Suppliers or vendors ☐ Services ☐ Other
3.2.	ParkChester Preservation Company, L.P. 654 Madison Avenue New York, NY 10021	09/12/2022	\$149,919.44	☐ Secured debt ☐ Unsecured loan repayments ☐ Suppliers or vendors ☐ Services ☑ Other Lease of Commercial Premises located at: 1473 West Avenue, Bronx, New York
3.3.	TechTrone IT	09/22/2022 \$5,626.78; 10/7/2022 \$2,804.14	\$8,430.92	☐ Secured debt ☐ Unsecured loan repayments ☑ Suppliers or vendors ☐ Services ☐ Other
3.4.	21st Century Esthetics 162 Jericho Turnpike, 2nd Flr Floral Park, NY 11001	10/04/2022 \$6,068 & 11/07/2022 \$4,136	\$10,204.00	☐ Secured debt ☐ Unsecured loan repayments ☑ Suppliers or vendors ☐ Services ☐ Other
3.5.	Empire Dental Supply 320 Roebling Street #330 Brooklyn, NY 11211	9/29/2022	\$8,000.00	☐ Secured debt ☐ Unsecured loan repayments ☑ Suppliers or vendors ☐ Services ☐ Other

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

■ None.

	der's name and address tionship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1.	Samia Aknouk Wife of Dr. Sameh H. Aknouk	November 2021-Novemb er 2022	\$26,000.00	Salary (\$500/week)
4.2.	Daniel Aknouk Son of Dr. Sameh H. Aknouk	November 2021-Novemb er 2022	\$30,000.00	Salary (~\$577/week)
4.3.	Dr. Marina Aknouk Daughter of Dr. Sameh H. Aknouk	August 24, 2022 through December 28, 2022	\$37,300.00	W2 (Office Assistance) and 1099 (Dental Service) Income

	ler's name and address tionship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.4.	Dr. Sameh H. Aknouk	November 2021-Novemb	\$182,000.00	Salary (\$8500/week)
	President/Sole Shareholder of the Debtor	er 2022		
4.5.	Dr. Sameh H. Aknouk	November 2021-Novemb	\$8,500.00	Reimbursement of Office Expenses
	President/Sole Shareholder of the Debtor	er 2022		

5	Panaccas	cione	foreclosures.	and roturns
Э.	Repusses	ราบทร.	ioreciosures.	and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None None

Creditor's name and address Describe of the Property Date Value of property

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

Creditor's name and address Description of the action creditor took **Date action was** Amount taken

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

■ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	Demos P. Demopoulos, Daniel J. Gatto, Kenneth Barrett, William Cassese and John A. Curcio, at Trustees and Fiduciaries of the Local 854 Health & Welfare Benefits Fund, and as Trutees and Fiduciaries of the Local 854 Pension Fund v. Dr. Sameh H. Aknouk Dent 18 Civ. 4813 (JMA)(GRB)		United States District Court, Eastern District of New York	☑ Pending☐ On appeal☐ Concluded
7.2.	National Labor Relations Board Region 2 v. Sameh H. Aknouk Dental Services PC 02-CA-263564		United States of America Before the National Labor Relations Board Region 2	☑ Pending☐ On appeal☐ Concluded
7.3.	841-853 Fee Owner LLC v. Sameh H. Aknouk, Dental Services, P.C. AKA Sameh Aknouk Dental Services P.C. 155393/2021	Civil	Supreme Court of the State of New York New York County	□ Pending□ On appeal☑ Concluded

Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

Debtor	Sameh H. Aknouk, Dental Services, P.C.		Case number (if known) 22-11651		
⊠ 1	None				
Part 4:	Certain Gifts and Charitable Contribu	utions			
		debtor gave to a recipient within 2 years befo	ore filing this case unless the	aggregate value of	
□ 1	None				
	Recipient's name and address	Description of the gifts or contributions	Dates given	Value	
9.1	Mission Take Heart missiontakeheart.org		\$300/monthly	\$7,200.00	
	Recipients relationship to debtor None				
9.2	Care 4 Needy Copts 25 S Service Road, Suite 250 Plainview, NY 11803		\$100/month	\$2,400.00	
	Recipients relationship to debtor None				
9.3	. Saint Mark Coptic Church		\$100/month	\$2,400.00	
	Recipients relationship to debtor None				
Part 5:	Certain Losses				
	sses from fire, theft, or other casualty	within 1 year before filing this case.			
	scription of the property lost and w the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedul	n, or	Value of property lost	
		A/B: Assets – Real and Personal Property).	IC .		
List a of this relief		of property made by the debtor or person acting ng attorneys, that the debtor consulted about det			

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	d Dates	Total amount or value
11.1.	Kirby Aisner & Curley LLP 700 Post Road, Suite 237 Scarsdale, NY 10583		11/22/202 \$2,500 & 12/05/202 \$26,700	
	Email or website address www.kacllp.com			
	Who made the payment, if not debto	or?		
List any to a self- Do not in	settled trust or similar device. nclude transfers already listed on this sta	by the debtor or a person acting on behalf of the debt	or within 10 year	s before the filing of this case
⊠ Nor	of trust or device	Describe any property transferred	Dates transfers	Total amount or
			were made	value
List any 2 years	before the filing of this case to another p right transfers and transfers made as se	t sale, trade, or any other means made by the debtor o erson, other than property transferred in the ordinary curity. Do not include gifts or transfers previously liste	course of busines	ss or financial affairs. Include
	Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
Part 7:	Previous Locations			
	s addresses revious addresses used by the debtor w	ithin 3 years before filing this case and the dates the a	addresses were u	ised.
⊠ Doe	es not apply			
	Address		Dates of occ From-To	upancy
Part 8:	Health Care Bankruptcies			
ls the de - diagno	Care bankruptcies sbtor primarily engaged in offering service sing or treating injury, deformity, or disea ng any surgical, psychiatric, drug treatm	ase, or		
	o. Go to Part 9. es. Fill in the information below.			
	Facility name and address	Nature of the business operation, including type the debtor provides	of services	If debtor provides meals and housing, number of patients in debtor's care
Part 9:	Personally Identifiable Information			
16. Does th	e debtor collect and retain personally	identifiable information of customers?		

Yes. State the nature of the information collected and retained.

	Personal Identifiable Information	1				
	Does the debtor have a privacy polic ☐ No ☑ Yes	ey about that information?				
	n 6 years before filing this case, have a -sharing plan made available by the de			icipants ir	n any ERISA, 401(k), 403	(b), or other pension o
	No. Go to Part 10. Yes. Does the debtor serve as plan admi	nistrator?				
	☐ No Go to Part 10.					
		nefits Fund		Em EIN	ployer identification nun	nber of the plan
	Has the plan been terminated? ☑ No ☐ Yes					
	No Go to Part 10.Xes. Fill in below:					
	Name of plan Local 854 Pension Fund			Em EIN	ployer identification nun	nber of the plan
	Has the plan been terminated? ☑ No ☐ Yes					
18. Close Within move Include coope	ed financial accounts at 1 year before filing this case, were any fid, or transferred? de checking, savings, money market, or otheratives, associations, and other financial interesting the checking of the	nancial accounts or instru	ments held in th	osit; and s		
	Address	account number	mstrument		moved, or transferred	transfer
	deposit boxes ny safe deposit box or other depository for	r securities, cash, or other	valuables the o	debtor now	v has or did have within 1 y	year before filing this
⊠ N	lone					
Dej	pository institution name and address	Names of anyone access to it Address	with	Descrip	tion of the contents	Does debtor still have it?
List a	remises storage ny property kept in storage units or wareho the debtor does business.	ouses within 1 year before	a filing this case	e. Do not ir	nclude facilities that are in	a part of a building in
⊠ N	lone					
Fac	cility name and address	Names of anyone access to it	with	Descrip	tion of the contents	Does debtor still have it?
Part 11:	Property the Debtor Holds or Control	s That the Debtor Does	Not Own			

Case number (if known) 22-11651

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do

Official Form 207

Debtor

Sameh H. Aknouk, Dental Services, P.C.

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

De	btor Sameh H. Aknouk, Dental Services, P.C.		Case number (if known) 22-11651				
	not list leased or rented property.						
	None						
	Owner's name and address		Location of the property	I	Describe the property	Value	
	853 Smile Dental Services P.C. 853 Broadway Ave, 9th Floor, Suite 9 New York, NY 10003	11	JPMorgan Chase Bank, N.A.) 	All Cash and Deposits into Chase Bank Account Ending xx6103. Account opened in the name of the Debtor in 2015, however, account used solely by 853 Smile Dental Services, P.C. since its opening.	\$0.00	
Pa	rt 12: Details About Environment Informa	ation					
For	the purpose of Part 12, the following definition Environmental law means any statute or go medium affected (air, land, water, or any other)	vernmer	ital regulation that concerns pol	lution,	contamination, or hazardous materia	l, regardless of the	
	Site means any location, facility, or property owned, operated, or utilized.	y, includii	ng disposal sites, that the debto	r now	owns, operates, or utilizes or that the	debtor formerly	
	Hazardous material means anything that ar similarly harmful substance.	n environ	mental law defines as hazardoເ	is or to	oxic, or describes as a pollutant, conta	aminant, or a	
Rep	ort all notices, releases, and proceedings	known,	regardless of when they occ	urred.			
22.	Has the debtor been a party in any judici	ial or ad	ministrative proceeding unde	r any	environmental law? Include settleme	ents and orders.	
	No.Yes. Provide details below.						
	Case title Case number		Court or agency name and address	ı	Nature of the case	Status of case	
	Has any governmental unit otherwise noti environmental law?	ified the	debtor that the debtor may be	e liabl	le or potentially liable under or in v	iolation of an	
	No.Yes. Provide details below.						
	Site name and address		Governmental unit name and address	d	Environmental law, if known	Date of notice	
24.	Has the debtor notified any governmental	l unit of	any release of hazardous mat	erial?	,		
	No.Yes. Provide details below.						
	Site name and address		Governmental unit name and address	d	Environmental law, if known	Date of notice	
Pa	rt 13: Details About the Debtor's Busines	ss or Co	nnections to Any Business				
	Other businesses in which the debtor has List any business for which the debtor was all Include this information even if already listed None	n owner,	partner, member, or otherwise	a pers	son in control within 6 years before fili	ng this case.	
	Business name address	Desc	ribe the nature of the busines	s	Employer Identification number Do not include Social Security number		
					Dates business existed		
	Books, records, and financial statements 26a. List all accountants and bookkeepers w None		ained the debtor's books and re	ecords	within 2 years before filing this case.		

Official Form 207

Name a	nd address					e of service m-To
26a.1.	Emile Wahba Inc. 401 Brooklyn Avenue New Hyde Park, NY 110	40			30+	Years
	I firms or individuals who have 2 years before filing this cas	re audited, compiled, or reviewed de e.	ebtor's books of a	eccount and	records or prepared a f	inancial statement
⊠ No	one					
26c. List al	l firms or individuals who wer	e in possession of the debtor's bool	ks of account and	d records wh	nen this case is filed.	
⊠ No	one					
Name a	nd address				ks of account and reco e, explain why	ords are
	l financial institutions, creditonent within 2 years before fili	rs, and other parties, including merong this case.	cantile and trade	agencies, to	whom the debtor issue	ed a financial
⊠ No	one					
Name a	nd address					
27. Inventorie Have any i		perty been taken within 2 years bef	ore filing this cas	e?		
⊠ No □ Yes.	Give the details about the tv	o most recent inventories.				
	ame of the person who sup ventory	ervised the taking of the	Date of invent	•	e dollar amount and ba other basis) of each in	•
	ebtor's officers, directors, r of the debtor at the time of	nanaging members, general partr the filing of this case.	iers, members ii	n control, c	ontrolling shareholde	rs, or other people
Name		Address		osition and terest	nature of any	% of interest, if any
Dr. San	neh H. Aknouk, DDS	NY	Pi	resident &	Sole Shareholder	100%
		case, did the debtor have officers s in control of the debtor who no				s, members in
⊠ No						
Yes.	Identify below.					
Within 1 ye	, distributions, or withdraw ar before filing this case, did its on loans, stock redemption	als credited or given to insiders the debtor provide an insider with v ns, and options exercised?	alue in any form,	including sa	alary, other compensation	on, draws, bonuses,
☐ No ⊠ Yes.	Identify below.					

Case number (if known) 22-11651

Debtor Sameh H. Aknouk, Dental Services, P.C.

	Name and address of recipient	Amount of money or description and va	lue of	Dates	Reason for providing the value	
30.1	Samia Aknouk NY	Salary of \$26,000 (\$500/week)		November 2021 - November 2022	Salary	
	Relationship to debtor Wife of Dr. Sameh H. Aknouk					
30.2	Daniel Aknouk	\$30,000		November 2021 - November 2022	Salary	
	Relationship to debtor Son of Dr. Sameh H. Aknouk					
30.3	Dr. Marina Aknouk	\$37,300.00		August 24, 2022 - December 28, 2022	W2 (Office Services) and 1099 (Dental Services) Income	
	Relationship to debtor Daughter of Dr. Sameh H. Aknouk					
30.4	Dr. Sameh H. Aknouk, DDS NY	\$182,000.00		November 2021- November 2022	Salary of \$8,500/week	
	Relationship to debtor President/Sole Shareholder of the Debtor					
30.5				November		
-	Dr. Sameh H. Aknouk, DDS NY	\$8,500.00		2021 - November 2022	Reimbursement of Office Expenses	
	Relationship to debtor President/Sole Shareholder of the Debtor					
Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes? No Yes. Identify below.						
lame of the parent corporation Employer Identification number of the parent corporation						
□ N	6 years before filing this case, has the description of the case, has the description of the case, has the case, h	ne debtor as an employer been responsible			n fund?	
	of the pension fund			er Identification nu	mber of the pension	
_ocal 8	354 Pension Fund		fund EIN:			

31.

32.

Debtor	Sameh H. Aknouk, Dental Services, P.C.		Case number (if known) 22-11651			
Part 14:	Signature and Declaration					
coni	RNING Bankruptcy fraud is a serious crime. Manection with a bankruptcy case can result in fines u J.S.C. §§ 152, 1341, 1519, and 3571.		iling property, or obtaining money or property by fraud in for up to 20 years, or both.			
	I have examined the information in this Statement of Financial Affairs and any attachments and have a reasonable belief that the information is true and correct.					
I de	clare under penalty of perjury that the foregoing is t	rue and correct.				
Execute	d onJanuary 5, 2023					
/s/ Same	eh H. Aknouk	Sameh H. Aknouk				
Signature of individual signing on behalf of the debtor		Printed name				
Position	or relationship to debtor President					

Are additional pages to Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy (Official Form 207) attached? ☑ No
☐ Yes